

## **EXHIBIT K**



Attention:

**LAYNE DREXEL**  
**1910 OLD CAPITOL TR**  
**NEWARK DE 19711**

Our records indicate that Check No. **C05258027** was issued to you on **07/15/04** in the amount of \$ **283.80**

Our records also indicate that to date, this check has not been presented for payment (i.e. cashed). If you have the check noted above, **PLEASE CASH IT AS SOON AS POSSIBLE**. If the check has been lost or misplaced, please indicate accordingly in the box provided below and return the bottom portion of this letter in the self addressed envelope enclosed. **HARLEYSVILLE INSURANCE REQUIRES YOUR WRITTEN SIGNATURE BELOW BEFORE REISSUING A REPLACEMENT CHECK.**

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**LAYNE DREXEL**  
**1910 OLD CAPITOL TR**  
**NEWARK DE 19711**

Policy No.: **MPA812988**  
Check No.: **C05258027**  
Date Issued: **07/15/04**  
Amount: **\$ 283.80**  
Description: **-10-BILLING SYSTEM**

☐ Check box if lost, misplaced, or never received.

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Signature (REQUIRED)